



PTO/SB/21 (01-08)

Approved for use through 02/29/2008. OMB 0651-0031

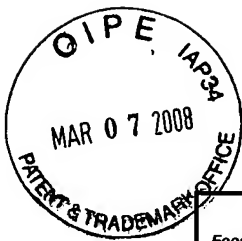
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/808,030
	Filing Date	March 23, 2004
	First Named Inventor	Koji KUSHIDA
	Art Unit	2615
	Examiner Name	D. J. Suthers
Total Number of Pages in This Submission	Attorney Docket Number	393032044700

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (CN 25224)		
Signature			
Printed name	Hristo I. Vachovsky		
Date	March 3, 2008	Reg. No.	55,694



PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
		Application Number	10/808,030
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 23, 2004
		First Named Inventor	Koji KUSHIDA
		Examiner Name	D. J. Suthers
TOTAL AMOUNT OF PAYMENT		(\$)	460.00
		Art Unit	2615
		Attorney Docket No.	393032044700

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>03-1952</u>
	Deposit Account Name: <u>Morrison & Foerster LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
	FILING FEES		SEARCH FEES		EXAMINATION FEES	
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0
2. EXCESS CLAIM FEES						
						<u>Small Entity</u>
Fee Description						Fee (\$)
Each claim over 20 (including Reissues)						50
Each independent claim over 3 (including Reissues)						210
Multiple dependent claims						370
Total Claims						Fee Paid (\$)
- = <u> </u> x <u> </u> = <u> </u>						
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims						Fee Paid (\$)
- = <u> </u> x <u> </u> = <u> </u>						
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee (\$)	Fee Paid (\$)
- 100 = <u> </u>	/50 = <u> </u>	(round up to a whole number) x <u> </u>			= <u> </u>	
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): <u>1252 Extension for response within second month</u>						<u>460.00</u>

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	55,694
Name (Print/Type)	Hristo I. Vachovsky	Telephone	(213) 892-5790
		Date	March 3, 2008



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Application No. (if known): 10/808,030

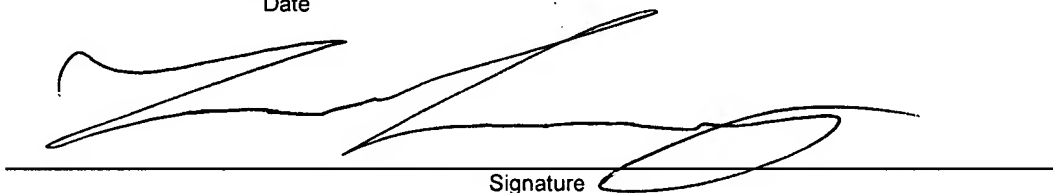
Attorney Docket No.: 393032044700

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

MS Amendment
Commissioner for Patents
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on March 3, 2008
Date


Signature

Hristo I. Vachovsky
Typed or printed name of person signing Certificate

55,694
Registration Number, if applicable

(213) 892-5587
Telephone Number

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Transmittal (1 page)
Amendment/Reply (18 pages) including replacement drawing
Fee Transmittal (1 page)
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)